

Hoopa Valley Tribe

"CHANGE OF ADDRESS FORM" 08/01

☐ Address for Per Cap only

☐ Marriage Certificate attached for a Name Change

ROLL#: _____ NAME: _____
LAST 4 NUMBERS

Maiden Name: (_____)

Old Address: _____

"NEW" ADDRESS: Street: _____

City/State: _____ Zip: _____

Day Phone: (____) _____

HOOPA RESIDENTS ONLY: (Please circle DISTRICT):

1. Campbell 2. Agency 3. Socktish/Chenone 4. Bald-Hill 5. Norton 6. Hostler/Matilton 7. Mesket

"SIGNATURE": Authorizing
Change: _____ Date: _____

MINORS: (List the full name and roll numbers of all MINOR members below who are affected by this change of address. Use additional sheets if needed).

Roll#: _____ Name: _____

Roll#: _____ Name: _____

Roll#: _____ Name: _____

Roll#: _____ Name: _____

Please submit all changes in writing to:

Hoopa Valley Tribal Council

c/o Per Cap Administrator

P.O. Box 1348, Hoopa, CA. 95546

Phone: (530)625-4002

Fax: (530) 625-4053

Copies to:

☐ ELECTION

☐ FISCAL